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(216) 621-2234



PATENT

Attorney Docket No.	B59-6316NP
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Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

NEW APPLICATION TRANSMITTAL

Stu Burdorff

Transı	mitted here	ewith for	filing is the patent	application of Inventor(s):	S
or (title):		APPA	RATUS FOR F	FORMING A BAIT SAC	K
Enclo	sed are:				
l .	Papers	Require	ed for Filing Date	Under 37 CFR 1.53(b):	
	9	Pages	of specification		
	_1	Pages /	Abstract		
	2	Pages o	of claims		
	_1	Sheets	of drawing	(Figs. 1-6)	
			formal		
		M	informal		

CERTIFICATION UNDER 37 CFR 1.10

Mailing	States Po Label No	ostal Service on this date <u>November 10, 2003</u> in a full sumber EU712715074US address	referred to as enclosed therein are being deposited with the in envelope as "Express Mail Post Office to Addressee" sed to the: Mail Stop Patent Application, Commissioner for
Patents	, P.O. Bo	address 30x 1450, Alexandria, Virginia 22313-1450.	Leslie Ann Kuder (Type or print name of person mailing paper) (Signature of person mailing paper)
		Enclosed Not Enclosed	
3.	Langu	uage:	
•	\boxtimes	English	
		Non-English	
		A verified English translation of the	
		specification and claims	
		☐ declaration	
		is attached.	
4.	Assign	nment:	
		An assignment of the invention to	
		is attached.	
		is not attached	

5.	Prio	rity:					
	The	Above-identified Patent Application Claims Priority to th	e fo	llowing	Provisional Pa	tent Application(s):	
US	-	60/428,098			November :	21, 2002	-
(Coun	try)	(Appln. No.)		-	(Filed)	1, 2002	
(Coun	try)	(Appln. No.)			(Filed)		
(Coun	try)	(Appln. No.)			(Filed)	· · · · · · · · · · · · · · · · · · ·	
6.		Calculation: all entity filing fee is 50% normal fee)					
		CLAIMS AS FILED)				
Numb	er Filed	Number Extra			Rate	Basic Fe	e 385.00
Total Claims		4 -20 =	0	Х	\$	9.00	0
Indepe Claims		1 -3=	0	Х	\$	43.00	0
		endent claim(s), if any	0	+		140.00	0.00
		Amendment canceling extra claims enclosed					
		Amendment deleting multiple dependencies enclosed					
		Fee for extra claims is not being paid at this time					
				Filing	Fee Calculation	1	\$ <u>385.00</u>
7.	Sma	Il Entity Statement					
		The present application will be assigned to and is being as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt reduced fees.					
8.	Fee	Payment Being Made At This Time:					
	Encl	osed:			٠		
	\boxtimes	basic filing fee				\$385.00	•

		assignment recordal fee	\$					
		for processing an application with	a specification	\$				
				· ((- •	Total fees enclosed	\$385.00		
9.	Meth	od of Payment Fees:						
	\boxtimes	check in the amount of \$	385.00		_enclosed.			
our Dep	The Commissioner is hereby authorized to charge any DEFICIENCY in the filing fees for this application to our Deposit Account No. 20-0090.							
10.	Instru	uctions As to Overpayment:						
	\boxtimes	refund	4	<i>7</i> 1				
TAROLLI, SUNDHEIM, COVELL,								
& TUMMINO L.L.P. 526 SUPERIOR AVENUE, SUITE 1111		SIGNATURE OF ATTORNEY, REG. NO. 40,871						
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Fax. No. (216) 621-4072 Customer No.: 26,294			Type or print nam	e oi allorne	ey .			